

12. Blacks need to abandon the search for white approval at the expense of self. Such a search is a disservice to whites and blacks alike.

13. Neighborhoods need to be made safe.

14. The question of whether there is a connection between prescription drugs like Valium and antisocial behavior in the black community needs to be explored.

15. Research is needed on the kinds of organizations that foster psychosocial satisfaction.

16. Whether all-male schools produce less pathological behavior in black males than co-educational schools and the effect on behavior of parochial schools and of the spread of Islam in the 1960s, with its highly structured society, should be investigated.

17. There are serious gaps in the knowledge of how psychology's technology works with respect to blacks, but resources exist for improving the situation. It is important, nevertheless, to be careful about the "blackening of social science techniques." Black norming is being done, for example, by gathering the responses of blacks to the Minnesota Multi-Phasic Personality Inventory, but insufficient attention has been given to the theoretical assumptions underlying the development of that instrument. Perhaps researchers could use specific public housing projects as laboratories for comparative studies, if the residents agreed to participate.

Proposals for action by ADAMHA are as follows:

- Immediate evaluation of current research on black males with reference to homicide.
- Establishment of the parameters of the national data base.
- Establishment of criteria for and sponsorship of regional demonstration projects, particularly in cities and counties with black elected officials, police chiefs, safety directors, public service directors, and college presidents.
- Development of a technical assistance training program to show practitioners and policymakers how to apply research in planning and organizing for social change.

Concluding Remarks

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This symposium represents the intersection of activities of two parts of ADAMHA, the Minority Advisory Committee and the Division of Prevention. The program of the Agency and the three Institutes was originally conceptualized as a triad of research, training, and services. When I became Administrator, I decided to elevate prevention as a fourth major program mission of ADAMHA. Now we are attempting to give greater visibility to prevention efforts, to clarify our policy and responsibilities, and to identify areas for new initiatives and special programming. One area concerns the problems of adolescents, particularly risk-taking behavior with drugs and alcohol. We are considering more activities in the workplace for people who are employed. The Surgeon General has already identified stress as 1 of 15 priorities for overall prevention efforts.

I have no hesitation in seeing homicidal violence among black males as an important health problem and one of special responsibility for ADAMHA. It is related to mental health in that it deals with issues in terms of the emotions of young males and their families and society—how they handle their frustration and rage at being part of a society that puts special burdens upon them. In addition, we know that alcohol plays an important role in homicidal violence. We know less about the role of drugs, but we do know that drug overdose contributes to the excess mortality of black males.

Therefore, we need to define our responsibility and see which aspects of this problem fall within our specific responsibility and which are outside it. First, the research agenda is clearly within our responsibility. We need to improve the current research and knowledge base; we should also seek the cooperation of other research agencies such as those in the Department of Justice, the Census Bureau, and the National Center for Health Statistics. Improving the general quality of health reporting about minorities, including breaking down the "other than white" category of data, should help. Basically, the research improvements should be relatively easy.

A number of suggestions have been made for changing the mental health training and treatment system, sensitizing community mental health center workers, and working with State departments of alcohol programs and State mental health programs. The existing treatment system obviously does not attract young people, who may be having trouble dealing with their frustrations. Some unconventional outreach programs are called for; demonstration projects could perhaps be mounted in cities like Detroit where the unemployment situation is particularly bad.

Other suggestions for action have been made that are clearly not within our responsibilities: action to relieve unemployment, particularly among black youth; enactment of some form of national gun control; and examination of the extent to which experience in the correctional system increases antisocial behavior instead of correcting it. Action in these areas would have a positive effect on homicidal violence among black males, however, and ADAMHA has a responsibility to serve as an internal advocate for prevention within the executive branch, to highlight the problem, "to knock on people's doors."

As an internal advocate for prevention within the Federal Government, we can work with representatives of other departments such as Justice, Labor, and Commerce to raise people's consciousness and to stimulate development of projects in prevention. Obviously, there is interest in agencies like HUD, as Dr. Curtis's presence testifies. And we need the advice of groups like those at this symposium about how to develop internal advocates.

It also is important to raise the consciousness of Congress. If appropriate congressional committees were to hold hearings to highlight these problems, media attention would "galvanize the bureaucracy to do more quickly the things that we should be doing anyway." I suggest that the consultants to this symposium consider some efforts to prod the Executive Branch and some sympathetic members of Congress.